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# Administrative Review Handbook for the Child Care Food Program Family Day Care Home Operations



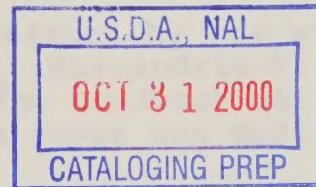
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ADMINISTRATIVE REVIEW HANDBOOK

CHILD CARE FOOD PROGRAM

FAMILY DAY CARE PROGRAMS

Prepared by:  
Mid-Atlantic Region  
Food and Nutrition Service, USDA  
Child Care Food Program Unit  
Revised December 1988





## ACKNOWLEDGEMENTS

The revision of this handbook was a joint effort by the staff of the CCFP Unit and the Richmond-Virginia, Alexandria-Virginia, and Beckley-West Virginia Field Offices. The handbook was edited by Andrea Czajkowski and Tom Leverich. The cover was designed by Marian Wig.





## INTRODUCTION

This booklet outlines procedures and policies to be followed by FNS MARO Field Office staff in conducting administrative reviews of Child Care Food Program (CCFP) family day care operations, primarily in the regional office administered (ROAP) CCFP in the State of Virginia (a separate handbook discusses reviews of day care center operations). However the forms and guidance included in this handbook should also be used when conducting reviews of family day care sponsors and homes in State agency administered programs (SAAP). When conducting SAAP reviews, the reviewer should contact the State agency CCFP coordinator for reimbursement claim and operational information, as well as specific State agency operational policies affecting the sponsor to be reviewed. The first part of the booklet specifies standard operating procedures for planning, conducting and following through on an administrative review while the second part outlines the major program areas and provides guidance on the completion of the review forms.

### I. THE CHILD CARE FOOD PROGRAM ADMINISTRATIVE REVIEW REQUIREMENT

Section 226.6(k) of the CCFP regulations specifies that "Each State agency shall provide technical and supervisory assistance to institutions and facilities to facilitate effective Program operations, monitor progress toward achieving Program goals, and ensure compliance with the Department's nondiscrimination regulations." To accomplish this objective, family day care program reviews should assess institutional compliance with meal pattern requirements, accountability for meals served and attendance records, family-size and income documentation for providers claiming their own children, administrative cost documentation and civil rights compliance.

The regulations also prescribe that 33.3 percent of all institutions be reviewed each year. Furthermore, the State agency review system must ensure that all institutions are reviewed at least once every four years. For reviews of sponsors of family day care homes, 10 percent of the total number of approved homes operating under the sponsorship must also be reviewed. Sponsoring organizations with more than 200 homes must be reviewed at least once every two years. Such sponsor reviews shall include reviews of 5% of the first 1000 homes, and 2.5% of all homes in excess of 1000.

It is important to emphasize that the administrative review function includes two major components: 1) to monitor institutions for compliance with program regulations and policies, and 2) to provide technical assistance to the institution toward the achievement of program goals. Both





functions, compliance and assistance, are equally important in the performance of a CCFP review.

## II. STANDARD OPERATING PROCEDURES FOR CCFP ADMINISTRATIVE REVIEWS IN VIRGINIA

### A. Before the Review

At the beginning of each calendar quarter, the MARO CCFP Unit compiles a listing of reviews to be conducted by each field office during that quarter. Upon the receipt of this information, it is the field office's responsibility to call the institution representative to arrange a convenient date and time for the review and to discuss the records you will need for the review (Attachment 1). You may confirm this telephone conversation with a letter if you wish. Prepare the title sections of the administrative review form (including the sponsor review form and the home review form, Attachments 2 and 3) and civil rights review forms (Attachment 4). Please note that when reviewing family day care programs, a civil rights compliance review form must be completed for the sponsoring organization and all family day care homes reviewed.

Shortly before commencing the review, field staff should telephone the CCFP Unit in the regional office and obtain the most recent reimbursement claim information. Administrative reviews must cover at least one month's records, two months time permitting. THE ONE MONTH WHICH MUST BE REVIEWED SHALL BE THE MOST RECENT MONTH FOR WHICH A CLAIM HAS BEEN RECEIVED AT THE REGIONAL OFFICE.

When you depart to conduct the review, please bring with you copies of the following CCFP guidance materials to provide to the institution, should institution personnel be unable to locate their own copies: 1) Eligibility Classifications and Enrollment Data for the CCFP (revised July 1988), 2) Claim for Reimbursement (FNS-82) Instruction Booklet for Family Day Care Sponsors (revised September 1984), 3) FNS Instruction 796-2, Revision 1, Financial Management in the CCFP (Revised October 1983) and 4) the CCFP meal pattern charts. If you need additional copies of these materials, please contact the regional office.

Section III of this handbook discusses procedures for the actual performance of the review itself.





## B. At the End of the Review

Conduct an exit conference with the institution representative(s) detailing the results of the review. Institution officials should be made aware of findings and of any deficiencies. Provide assistance, if you have not already done so during the review, regarding ways to correct deficiencies.

Any meal count discrepancies and/or other reporting errors will probably require revised claims. However, it is essential that you point out to the institution officials that revised claims may be determined to be necessary only by the regional office. The administrative review letter which will be issued from the regional office will reiterate the findings of the review and what corrective action is necessary. If revised claims are needed, the regional office will prepare the claims and forward them to the institution for signature with the administrative review letter. You should also advise that the MARO review letter will give the institution 30 days to respond to the review. If deficiencies were identified, a written response from the institution will be necessary for the closure of the review.

Finally, after the review, prepare a draft administrative review letter (a sample administrative review letter is included as Attachment 5). Preferably this should be written and forwarded with the review forms within ten working days after the review. Once the process of computer automation is completed in the field, we also request that a copy of the draft administrative review letter be transmitted electronically to the regional office. Timely submission of the review to the regional office will help ensure the prompt issuance of the administrative review letter detailing corrective action necessary. The regional office will prepare and issue the final review letter, prepare adjusted claims as warranted, and follow-up on corrective action as necessary. If there are any questions concerning the review, CCFP Unit staff will contact you by telephone for any clarifications that may be needed, prior to issuing the administrative review letter. Copies of all administrative review letters will be provided to the field office for their files.

## III. AREAS COVERED DURING THE REVIEW: GUIDANCE

This section is intended as guidance and/or instructions for completing the CCFP review forms. Reference is made to numbered questions of the review forms.



#### A. Day Care Home Sponsor Review

Many aspects of conducting a review of a family day care sponsoring organization will require a review of individual provider files which contain a variety of required forms and information. For smaller sponsors, all individual provider files should be reviewed. For larger sponsors, a representative sample may be selected. If a sample is utilized, please record on the review form the sample size and attach a list of the provider files included in the sample. Use the worksheet attached to the sponsor review form to record and consolidate information. Ensure that menus, attendance records, and meal count records are on file for each provider claimed. Use additional copies of the worksheet as needed.

Items 1-5: This data is informational, and should be completed prior to review, with verification during the review.

Item 6: THE MONTH(S) REVIEWED MUST BE THE MOST RECENT MONTH(S) FOR WHICH A CLAIM(S) HAS(HAVE) BEEN RECEIVED AT THE REGIONAL OFFICE.

Item 7: The number of approved homes in test month may be obtained from the sponsor's copies of the master file coding sheet (FNS-561).

The number of participating homes in test month may be obtained from the sponsor's copies of the claim for reimbursement.

Only those homes approved by the regional office may be claimed for reimbursement. The sponsor must have on file their copy of the monthly computerized masterlist of approved homes provided by this office.

An enrollment form must be on file for each child claimed.

Only children through the age of 12 are eligible for enrollment in the CCFP.

Providers claiming their own children must have an income eligibility statement on file, which documents accurately eligibility for free or reduced price meals. Please note that a provider's child classified as paid cannot be claimed for reimbursement.





Item 8: Review the eligibility statements on file for providers claiming their own children. It is required that:

a) The current income eligibility application form provided by MARO must be used. Effective July 1, 1987 the income eligibility statement was revised to incorporate automatic eligibility (categorical certification) for Food Stamp (FS) and Aid to Families with Dependent Children (AFDC) beneficiaries. In such instances the FS or AFDC case number must be recorded in the appropriate places on the income eligibility statement.

b) The income statement must be signed and dated within the past twelve months for each child classified as eligible for free and reduced-price meals;

c) The current Income Poverty Guidelines should have been used to determine eligibility for any income statements received after issuance in July. Current income statements received prior to issuance of the guidelines must have been reclassified at the time new income guidelines were issued;

d) The institution must provide the current letter to parents provided by MARO when sending out the income eligibility statements for completion.

e) Only children through the age of 12 are eligible for enrollment in the CCFP.

A child may be automatically classified in the free category if a parent or guardian provides their FS or AFDC case number and signs and dates the form. No other information is necessary.

A child must be reclassified in the correct eligibility category if the application is complete, but the institution has incorrectly classified the child based upon family size and income data.

A child must be classified in the paid category when any of the following items are not completed on the form: income by source, family size, names and social security numbers of all adult household members, signature of adult family member. A child must also be classified in the paid category if the application is more than 1 year old.

In computing total number of income statements incorrectly classified, any incomplete income eligibility statements must be considered as paid.

However, if the institution can obtain missing information at the time of the review, then the statement need not be counted as incorrect. The number of statements corrected at the time of the



review must be indicated in the comments section.

Item 9: Meal Counts Records

Verify meal counts reported on claim by reviewing provider count sheets. Review attendance for same period. Meal counts cannot be greater than attendance. Seconds may be served but not claimed.

Care and accuracy in verifying meal count data is essential, since an institution's reimbursement claims may be adjusted based upon the results of your review.

Enrollment data as reported on the claim form must also be verified by reviewing individual enrollment forms as well as the sponsor summary of enrollment data.

The reviewer must also ensure that the institution has been complying with the meal limitation provision for each provider, i.e., no more than three meals (one of which must be a supplement if three meals are claimed) per child per day.

Item 10: Menus/Meal Patterns

- a) The menus must be dated to reflect the month/day/year served.
- b) Menus must be maintained for each meal type claimed each day.
- c) Menus must meet USDA meal pattern requirements.
- d) Substitutions and/or additions to meals must be noted on the menus.
- e) Separate menus must be kept for infants.

Review all of the menus on file for the test month for compliance with meal pattern requirements. A "menu" for reporting purposes is defined as one meal type on a specific date, e.g., breakfast on July 20. The number of "menus" reviewed by meal type for the test month must be counted and recorded, and the number of "menus" with missing components by meal type for the test month must also be recorded.





Item 11: Administrative Cost Documentation

Any administrative costs claimed must have had prior approval by the regional office. Check information submitted with CCFP application for the fiscal year (FNS-342 and any attachments) and Agreement FNS-344.

Review the sponsor's records supporting administrative costs claimed for the test month. Detailed guidance on allowable administrative costs may be found in FNS Instruction 796-2, Financial Management in the CCFP. When in doubt, consult with the regional office via telephone.

In general, the most common forms of administrative costs and the appropriate forms of documentation are as follows:

- a) Labor: time and attendance records, payroll records, and cancelled checks for all staff charged to the CCFP;
- b) Office Supplies: bills or invoices, and cancelled checks;
- c) Postage: receipts or ledger, and cancelled checks;
- d) Transportation: mileage for monitoring homes must be supported by mileage logs and/or trip reports, and cancelled checks;
- e) Telephone: bills supported by telephone logs, and cancelled checks;
- f) Office Rental: lease, bills, allocation schedules, and cancelled checks;
- g) Utilities: bills, allocation schedules, and cancelled checks;
- h) Other: consult the financial management instruction.

Administrative costs must be recorded on either a "cash" basis or an "accrual" basis, but not a combination of both. Shared costs, that is costs which cannot easily be attributed directly to one particular program, such as building rent and utilities, must be supported by an allocation schedule approved by the regional office.

The amount of administrative cost reimbursement received for the test month may be obtained from the masterfile printout, or via telephone from the regional office.



### Item 12: Training

Check to ensure that the institution fulfilled training requirements. Sponsor staff and providers must be trained in CCFP requirements at least once a year. Training must be documented with date of training, names of attendees and a list of topics discussed. All CCFP administrative and recordkeeping requirements must be covered. Training conducted individually for providers during monitoring visits must be documented separately from the monitoring visit.

### Item 13: Facility Monitoring

Check monitoring reports to ensure that each home was monitored three times annually. Two of the three monitoring visits must take place at the time of a meal service. Monitoring visits may not be more than six months apart. Newly approved homes must be monitored during their first four weeks of operation. These monitoring reviews ensure that CCFP meal requirements are met and proper records are maintained. The USDA monitoring form must be used.

### Item 14: Disbursement - Use of Funds - Advance Payments

This section is for the most part self-explanatory. However, you should be aware that the CCFP regulations require sponsors to disburse operational advance funds to their providers within five days of receipt of the advance funds from USDA or State agency, based upon the sponsor's estimate of the amount of reimbursement the provider will earn during the month. As a result, many sponsors of family day care now elect to receive administrative advance funds only, and not to receive operational advance funds, because they are not willing to accept the liability associated with managing advance funds under the revised regulatory procedures. Regular food service payments to providers must also be disbursed by the sponsor within five days of receipt.

Program sponsors in a regional office administered program such as Virginia must maintain advance funds in an interest bearing account. Any interest earned on advance funds in excess of \$100 per year must be returned to USDA. This requirement does not apply to State agency administered programs.

### Item 15: Documents

Self-explanatory





Item 16: Reviewer's General Comments, Recommendations, and Description of Corrective Action Required.

This is a very important part of the review. Any general comments, explanations, clarifications, etc. should be recorded here in sufficient detail. Include additional pages if needed.

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW FORM (FNS 345-1) IS COMPLETED AND ATTACHED TO THE FAMILY DAY CARE SPONSOR REVIEW FORM.

The key aspects of the civil rights review for sponsors of day care centers include the display of the Justice for All poster, the hiring practices for staff employed for the CCFP, and the maintenance of racial/ethnic participation data.



## B. Facility Home Review

Whenever possible, reviews of family day care home facilities should be scheduled to observe at least one meal service. Such reviews should be conducted with care and sensitivity to ensure that the review process does not unduly interfere with the provider's child care responsibilities, and with the awareness that we are a visitor in someone's private home.

### Items 1 - 4: Self-explanatory

### Item 5: Income Eligibility: Provider's Own Children

A family day care provider may claim reimbursement for the provider's own child only when there is an income eligibility statement on file properly certifying the eligibility of the provider's own children for free or reduced price meals, and when other nonresidential children are present for care and are participating in a CCFP meal service.

### Item 6: Enrollment, Attendance, Meal Counts

a) Enrollment forms/income statements should be on file for all children claimed.

b) Meal counts must be taken at or near the time of service.

c) Meal counts and attendance records must be separate and distinct, although they may be on the same form.

d) The information on the number of caregivers is very important for determining compliance with staff/child ratios for those homes approved under alternate approval standards.





Item 7: Menus/Observed Meal Service

Observe a meal service to ensure that all children receive appropriate portions of all meal components. If family style meal service, children must receive at least some of each item and the caregiver must encourage the children to consume appropriate servings. If any children receive incomplete meals, be sure to report the number in this section.

Time and circumstances permitting, a meal quantities analysis of the observed meal service should be conducted. Reviewers may find it useful to bring with them on reviews a copy of the Food Buying Guide, PA-1331.

If the provider is caring for an infant or infant(s), and they are participating in the CCFP, then separate infant menus must be maintained, and the compliance with the infant meal patterns verified.

Items 8: Training and Monitoring

This item is self-explanatory.

Item 9: Health, Safety, Sanitation

This aspect of the review is a matter of common sense and judgement. Reasonable health and safety conditions should exist in the home. Sensitivity should be exercised in discussing this aspect of the review with the provider.

However, any serious health and/or safety problems should be immediately brought to the attention of the sponsoring organization, and this office.

Item 10: Reviewer's Comments

Summarize significant areas requiring corrective action.

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW FORM (FNS 345-1) IS COMPLETED AND ATTACHED TO EACH FAMILY DAY CARE HOME FACILITY REVIEW.



ATTACHMENT 1

CHILD CARE FOOD PROGRAM RECORDS  
FOR FAMILY DAY CARE HOME SPONSORS

Copies of reimbursement claims

Income eligibility statements for all providers' own children and enrollment statements for all other enrolled children

Master list of all enrolled children

Master list of approved day care homes

Meal counts record for the month

Attendance records for the month

Menus for all meals claimed for the month

Receipts, invoices, cancelled checks, allocation schedules (if applicable) for all administrative costs claimed

Mileage, telephone, and postage logs

Time and attendance records, payroll records, and cancelled checks for administrative labor costs incurred

Bills/professional estimates for any purchased services incurred

Copies of home monitoring reports

Records to substantiate any income to the program

Copies of documentation to support training conducted for staff and day care home providers

Copy of license/certificate/alternate approval documentation for each home

Copy of the public release, approved application and agreement for the current fiscal year





DAY CARE HOME SPONSOR REVIEW  
CHILD CARE FOOD PROGRAM

1. Agreement Number: \_\_\_\_\_ 2. Date of Review: \_\_\_\_\_  
3. Name and Address of Sponsoring Organization

4. Telephone Number: \_\_\_\_\_

5. Name and Title of Person(s) Interviewed

6. Specify the months for which records were reviewed: \_\_\_\_\_  
(At least one month must be reviewed, two months,  
time permitting - must be consistent) \_\_\_\_\_

Provider Records Sample Size (if applicable): \_\_\_\_\_

---

7. Participation Data

Number of approved homes reported as  
participating in test month: \_\_\_\_\_

Number of approved homes confirmed as  
participating in test month: \_\_\_\_\_

YES      NO

COMMENTS

Did the sponsor claim reimbursement for  
any homes in the test month which were  
not approved on the master list provid-  
ed by this office?

( )      ( )

If yes, attach a sheet listing the  
the names of the providers so claim-  
ed for reimbursement.



Are there records to support enrollment of all children in the homes? ( ) ( )

Are daily attendance records maintained for each enrolled child? ( ) ( )

Are there any children enrolled who are 13 years of age or older? ( ) ( )

#### 8. Income Eligibility: Providers' Own Children

Number of approved providers submitting claims for their own children: \_\_\_\_\_

Total number of free or reduced-price applications on file for these children: \_\_\_\_\_

Total number of providers' children approved for free and reduced-price meals: \_\_\_\_\_

Total number of free and reduced-price applications for these children incorrectly classified: \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Does the sponsoring organization use the current income eligibility application form provided by the State agency?	( )	( )	
Are eligibility statements on file signed and dated within the past 12 months for each child classified as eligible for free and reduced-price meals?	( )	( )	
If no, how many were missing or outdated?			_____
Were the current Income Poverty Guidelines used to determine children's eligibility classification?	( )	( )	
Does the sponsoring organization use the letter to parents required by the State agency?	( )	( )	





## 9. Meal Count Records

As Per Reimbursement Claim

As Per Review

Month:	_____	_____	_____	_____
Breakfast:	_____	_____	_____	_____
Lunch:	_____	_____	_____	_____
Supper:	_____	_____	_____	_____
AM Snack:	_____	_____	_____	_____
PM Snack:	_____	_____	_____	_____

COMMENTS:

Attendance Claimed \_\_\_\_\_

Attendance Per Review \_\_\_\_\_

Enrollment Claimed \_\_\_\_\_

Enrollment Per Review \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Does total documented enrollment and attendance support the number of meals claimed?	( )	( )	
Have any meals served to children age 13 and above been claimed for reimbursement?	( )	( )	
If so, how many?			_____
Is the meal limitation provision adhered to?	( )	( )	
If not, how many meals by type were overclaimed?			_____



## 10. Menus/Meal Patterns

Review menus for the month(s) selected for review.

	<u>Number of "Menus" Reviewed</u>	<u>Number of "Menus" with Missing Components</u>
Month:	_____	_____
Breakfast:	_____	_____
Lunch:	_____	_____
Supper:	_____	_____
AM Snack:	_____	_____
PM Snack:	_____	_____

A "menu" is defined as one meal type on a specific date.

Record any specific comments below. Include specific dates and provider names for deficient meals. Specify the number and type of missing components per meal service. Attach samples of deficient menus if possible.

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Are daily, dated menus on file for all homes for which meals are claimed?	( )	( )	
Does sponsor review menus submitted by providers for compliance with the meal pattern requirements?	( )	( )	
Does sponsor review menus submitted by providers for compliance with the meal limitation provision?	( )	( )	
Does the sponsor disallow meals that do not comply with requirements?	( )	( )	
Does the sponsor ensure that separate infant menus are maintained by providers as required?	( )	( )	





## 11. Administrative Cost Documentation

Month:	_____	_____
Actual Administrative Costs	_____	_____
Claimed:	_____	_____
	<u>Administrative Costs Verified As</u> <u>Documented Per Review</u>	
Administrative Labor	_____	_____
Office Supplies	_____	_____
Postage	_____	_____
Telephone	_____	_____
Transportation	_____	_____
Office Rental	_____	_____
Other (specify)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:	_____	_____
Amount of Administrative Cost	_____	_____
Reimbursement Received:	_____	_____

If costs are greater than reimbursement, what other sources of income are available to the sponsor to meet financial liabilities incurred in excess of reimbursement received?

COMMENTS:



## 12. Training

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Has sponsor conducted training for its homes?	( )	( )	
Has sponsor conducted training for its staff?	( )	( )	
Dates of training for providers:			
Dates of training for staff:			
Topics covered with providers:			
Topics covered with staff:			
Is specific training provided for new providers?	( )	( )	
Is specific training provided for new staff?	( )	( )	
Date of next scheduled training for providers:			_____
Date of next scheduled training for staff:			_____
COMMENTS:			





## 13. Facility Monitoring

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Does sponsor use monitoring form required by State agency?	( )	( )	
Are proper records of monitoring maintained?	( )	( )	
Does sponsor maintain records of corrective action?	( )	( )	
Are follow-up reviews conducted when necessary?	( )	( )	
How many reviews have been completed in the past 12 months?			_____
Have more than six months elapsed between reviews?	( )	( )	
How many monitors are employed by the sponsor?			_____
Are sufficient monitors employed to ensure that each home is visited at least three times a year?	( )	( )	
Number of homes which were not monitored as required.			_____

COMMENTS:



## 14. Disbursements - Use of Funds - Advances

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Does the sponsor receive operating advance payments for its homes?	( )	( )	
If yes, are these advances disbursed to homes within 5 days of receipt?	( )	( )	
If yes, does the sponsor disburse the full amount of advance due to homes?	( )	( )	
Are reimbursement payments disbursed to homes within 5 days of receipt?	( )	( )	
Does the sponsor disburse the full amount of reimbursement due to homes?	( )	( )	
Does sponsor receive advance administrative funds?	( )	( )	
If yes, are advances maintained in an interest bearing account? (ROAP only)	( )	( )	
Does the sponsor maintain proper accounting records to document amount of interest earned on CCFP advance funds as required? (ROAP only)	( )	( )	
If the organization earned more than \$100 in interest last year, did they return the funds in excess of \$100 to USDA?	( )	( )	
Does the sponsor receive any other public or private funding in support of its operations?	( )	( )	
If yes, specify the amount and source of such funding:			
If yes, is any of this funding used in support of the sponsor's Child Care Food Program? If yes, provide details:	( )	( )	

COMMENTS:





## 15. Documents

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Are the following documents kept on file:	( )	( )	
IRS Letter of Determination (if applicable)	( )	( )	
Application and Sponsor Management Plan (FNS-342)	( )	( )	
Approved Agreement Form (FNS-344)	( )	( )	
Free and Reduced Price Policy Statement	( )	( )	
Actual Public Release	( )	( )	
Claims for Reimbursement	( )	( )	
Site Sheets (FNS-341) for each Home	( )	( )	
Sponsor/Home Agreements for each Home	( )	( )	
Master List of Approved Providers	( )	( )	
Disbursement Records for Home	( )	( )	
Does sponsor maintain all records on file for a period of three years?	( )	( )	

COMMENTS:



16. Reviewer's General Comments and Recommendations, and Description of Corrective Action Required (if applicable):

Is a follow-up visit necessary? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Name of Institution Representative

\_\_\_\_\_  
Name of Reviewer

\_\_\_\_\_  
Signature of Institution Representative

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW IS PERFORMED, AND THAT THE FNS FORM 345-1 IS COMPLETED AND ATTACHED



Provider's Name	1.	2.	3.	4.	5.
Approval Date					
Site Sheet on File					
Date License Expiration/ Capacity					
Date of Provider/ Sponsor Agreement					
Training Dates (for last 12 mos)					
Monitoring Dates (Last 3 visits)					
Current Enrollment (Non-resident plus resident)					
Number Enrollment Forms on File					
No. Elig. Statements for Prov. Children					
Number in Attendance					
Meal Count					
Menus					
\$ Disbursed					





FACILITY HOME REVIEW  
CHILD CARE FOOD PROGRAM

1. Agreement Number: \_\_\_\_\_
2. Date of Review: \_\_\_\_\_
3. Name of Sponsor: \_\_\_\_\_
4. Name and Address of Family Day Care Home Provider  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has provider participated in CCFP? \_\_\_\_\_

Is this home the provider's residence? \_\_\_\_\_

5. Income Eligibility: Provider's Own Children

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Does the provider claim reimbursement for her own children?	( )	( )	
If Yes: How many? Ages?			

Based upon a review of the records in the home at the time of the visit, are the provider's own children claimed only when other enrolled nonresidential children are in care?

( ) ( )

Is there a properly approved income eligibility statement for the provider's own children on file at the sponsoring organization's office?

( ) ( )



YES      NO                      COMMENTS

## 6. Enrollment, Attendance, Meal Counts

Are enrollment records maintained?                      ( )      ( )

List names and ages of enrolled children:

<u>Name</u>	<u>Age</u>	<u>Present at time of visit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of caregivers: _____	Present?	Yes	No
_____		Yes	No

Are daily attendance records maintained?                      ( )      ( )

Are meal counts taken at point of service?                      ( )      ( )

Are meal counts recorded and maintained?                      ( )      ( )

Are attendance records used in place of point of service meal counts?                      ( )      ( )

Do attendance records support meal count records?                      ( )      ( )

In recording meal counts, does provider adhere to the meal limitation provision?                      ( )      ( )





	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Do the number of meals claimed exceed enrollment?	( )	( )	
Are meals served to children over the age of 12 included in meal counts?	( )	( )	
<b>7. Menus/Observed Meal Service</b>			
Are daily, dated menus available for all meal types being claimed?	( )	( )	
If not, how many days' menus are missing?	( )	( )	
Are substitutions/additions/deletions annotated on the menus?	( )	( )	
On the day of visit, does the menu correspond to the meal observed?	( )	( )	

## Observed Meal Service(s):

Type Meal Under Observed	Number of Enrolled Children Served by Age					Number of Reimbursable Children's Meals Reported as Served	Non-Program Adults and Non-Enrolled Children's Meals
	1	1-2	3-5	6-12	TOTAL		

Meal Analysis of Observed Meal: Meal Type \_\_\_\_\_

Required Components	Quantity Used	Allowable Services Per Unit	Number of Services		
			Total	Over	Short



For the meal service(s) observed:

Were all components prepared? \_\_\_\_\_

Number of meals served to eligible children? \_\_\_\_\_

Number of meals for which sufficient quantities were prepared? \_\_\_\_\_

Number of meals for which all components were served to eligible children? \_\_\_\_\_

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
Does the provider encourage proper eating habits?	( )	( )	
Were any children under the age of one year served?	( )	( )	
If yes, list food provided, number and specific age of the children:			

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Are separate menus recording infant meals served also maintained on file? ( ) ( )

Does caregiver provide the entire meal, or at least all but one component for infants? ( ) ( )

If no, are these meals included in the meal counts? ( ) ( )

GENERAL COMMENTS ON MEAL SERVICE:



	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
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## 8. Training and Monitoring

Has the provider attended training sessions conducted by the sponsoring organization in the last 12 months?	( )	( )	
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If yes, give dates and topics discussed:

How often has the provider been visited by a representative of the sponsoring organization in the past six months?	( )	( )	
--	-----	-----	--

Is a copy of the agreement between the sponsoring organization and the provider available at the home?	( )	( )	
--	-----	-----	--

Does the provider appear to understand all of the terms of the sponsor/home agreement?	( )	( )	
--	-----	-----	--

GENERAL COMMENTS:





	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
9. Health, Safety, Sanitation			
Does the home appear to have adequate refrigeration?	( )	( )	
Is food stored separately from cleaning supplies?	( )	( )	
Are cleaning supplies or other toxic materials stored safely out of the reach of children?	( )	( )	
Is there any apparent evidence of rodent or insect infestation?	( )	( )	
Are there any obvious fire, health or safety hazards existing in the home?	( )	( )	
Is food service conducted in compliance with generally acceptable health and sanitation practices?	( )	( )	



## GENERAL COMMENTS:

10. Reviewer's General Comments and Recommendations, and Description of Corrective Action Required (if applicable).

Is a follow-up review by the sponsoring organization necessary?

YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*\*\*

Name of Family Day Care Home  
Provider

Name of Sponsoring Organization  
Representative (if applicable)

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Signature of Sponsor Representative

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

Name of Reviewer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ENSURE THAT A CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT REVIEW IS PERFORMED, AND THAT THE FNS FORM 345-1 IS COMPLETED AND ATTACHED





U.S. DEPARTMENT OF AGRICULTURE  
FOOD AND NUTRITION SERVICECIVIL RIGHTS RACIAL DATA  
COLLECTION FORM  
CHILD CARE FOOD PROGRAM

(ONE FORM TO BE COMPLETED ON EACH FACILITY REVIEWED)

Any review of an institution having only one race should include a statement indicating the general racial composition of the area the institution serves.

INSTRUCTIONS: Retain with the Administrative Review Report in the files of the administering agency. Indicate on back of this sheet if any items need further comment.

IMPORTANT: All line items on this page MUST be answered NUMERICALLY. (No percentages.) DO NOT use words, "ALL" or "NONE."

## 1. FACILITY TYPE

ATTACHMENT 4

- ☐ CHILD CARE CENTER
- ☐ OUTSIDE-SCHOOL-HOURS CARE CENTER
- ☐ PROPRIETARY TITLE XX CENTER
- ☐ SPONSORED CHILD CARE CENTER
- ☐ SPONSORED OUTSIDE-SCHOOL-HOURS CARE CENTER
- ☐ SPONSORED PROPRIETARY TITLE XX CENTER
- ☐ HOME

## 2. NAME AND TITLE OF RESPONSIBLE OFFICIAL INTERVIEWED

## 3. NAME AND ADDRESS OF FACILITY REVIEWED (Include Zip code)

## 4. NAME AND MAILING ADDRESS OF INSTITUTION

## 5. ACTUAL CURRENT ATTENDANCE BY RACIAL/ETHNIC GROUP (Leave box(es) blank for those not included.)

BLACK (Not Hispanic)	HISPANIC	AMERICAN INDIAN OR ALASKAN	ASIAN OR PACIFIC ISLANDER	WHITE (Not Hispanic)	TOTAL

## RACIAL/ETHNIC CATEGORIES

BLACK - (Not of Hispanic origin.) A person having origins in any black racial groups of Africa.

WHITE - (Not of Hispanic origin.) A person having origin in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. (Includes Aleuts and Eskimos.)

ASIAN PACIFIC ISLANDER - A person having origins in any of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippine Islands, and Samoa.

## 6. MEAL SERVICE OBSERVED

- ☐ BREAKFAST ☐ LUNCH ☐ SUPPER ☐ AM SUPPLEMENT ☐ PM SUPPLEMENT

## 7. ARE ADMISSION AND PLACEMENT CRITERIA AND PROCEDURES NONDISCRIMINATORY?

- ☐ YES ☐ NO

## 8. IS "JUSTICE FOR ALL" POSTER ON DISPLAY?

- ☐ YES ☐ NO

## 9. HAS A PUBLIC ANNOUNCEMENT BEEN MADE STATING THAT ADMISSION IS OPEN TO ALL REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP?

- ☐ YES ☐ NO

## 10. GIVE DATE(S) WHEN MEDIA WERE USED AND ATTACH COPIES OF ANY BROCHURES, NEWS ARTICLES, BULLETINS, ETC. (IF COPIES ARE NOT AVAILABLE, GIVE DATE(S) AND DESCRIBE MEDIA USED.)

## 11. IS THERE ANY SEPARATION BY RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP? (If "YES" explain in item 14, "Remarks".) IF ONLY ONE RACE IS SHOWN IN ITEM 5, INDICATE "NO" FOR A THRU D.

YES NO

- A. IN EATING AREA? ☐ YES ☐ NO
- B. IN SERVING LINES? ☐ YES ☐ NO
- C. IN SEATING ARRANGEMENTS? ☐ YES ☐ NO
- D. IN ASSIGNMENT OF EATING PERIOD? ☐ YES ☐ NO

## 12. ARE ALL SERVICES AND FACILITIES USED ROUTINELY BY ALL PERSONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR HANDICAP? (i.e., social and recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.)

- ☐ YES ☐ NO

## 13. IN THE OPINION OF THE REVIEWER BASED ON INFORMATION OBTAINED BY PERSONAL OBSERVATION, DOES THE INSTITUTION OR FACILITY APPEAR TO BE IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964?

- ☐ YES ☐ NO

IF "NO" INDICATE IN ITEM 14 "REMARKS" OR ON THE BACK OF SHEET:

- A. WHAT THE AREAS OF NON-COMPLIANCE ARE, AND
- B. RECOMMENDATIONS FOR CORRECTIVE ACTION AND FOLLOW-UP.

## REMARKS

DATE

16. TITLE

17. SIGNATURE OF REVIEWER



## ATTACHMENT 5

SAMPLE ADMINISTRATIVE REVIEW LETTER  
SPONSOR OF FAMILY DAY CARE

Name of Sponsor Director  
Sponsor Name and Address

RE: Agreement No. \_\_\_\_\_

Dear Ms./Mrs./Mr.: \_\_\_\_\_

Thank you for the courtesy and cooperation you and your staff extended to our representative, \_\_\_\_\_, during his/her review of your administration of the family day care component of the Child Care Food Program (CCFP). Our review was conducted during the period \_\_\_\_\_ to \_\_\_\_\_ and our preliminary findings were discussed with you during an informal exit meeting on \_\_\_\_\_.

As you are aware, we reviewed income eligibility statements and their classifications for providers' own children enrolled in the program, meal count and attendance records, enrollment records, menu records, disbursement of food service payments to providers, administrative cost documentation, records supporting compliance with monitoring requirements, records supporting compliance with training requirements, licensing, sponsor/home agreements, and civil rights compliance. Also \_\_\_\_\_ providers were visited and their CCFP operation review for compliance with program requirements.

The review focused on documentation to support your claim for reimbursement for \_\_\_\_\_ which reflected the operation of \_\_\_\_\_ day care homes. The files of \_\_\_\_\_ of these providers were selected at random for review. The areas of program compliance that require corrective action are discussed below.

\_\_\_\_\_

\_\_\_\_\_

ETC.

As a result of our review, an adjusted reimbursement claim for the month of \_\_\_\_\_ is necessary. This adjusted claim will result in an overclaim of approximately \$\_\_\_\_\_, which will be recovered via offset against a future claim. We have prepared and enclosed the adjusted claim, which you must sign and date and return to this office within 30 days. Failure





to comply with this deadline will result in a "stop-payment" on your administrative cost reimbursement until the adjusted claim is received.

In compliance with section 226.6(j) of the program regulations, you have the right to appeal our determination of an overclaim. A copy of the appeal procedures is enclosed for your information. Please ensure that you follow the appeal procedures exactly. Failure to comply with the proper appeal procedures may result in the loss of your appeal rights.

Upon review of your operations, including admissions policies and operational procedures, we have determined that at the time of the review, you were in compliance with the Civil Rights Act of 1964 in that no person was denied the benefits of or excluded from participation in this program on the grounds of race, color, age, sex, handicap or national origin.


Please submit to this office within thirty days your corrective action plan and the adjusted reimbursement claim discussed above. Your continued cooperation and assistance is appreciated. If there are any questions, please contact \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

ETC.





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